

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$200.00 for date of service, 07/12/01.
- b. The request was received on 06/25/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and position statement
 - b. HCFA 1500
 - c. EOB(s)
 - d. Based on Commission Rule 133.307 (g), the Division notified the Requestor of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 07/11/02. There is no response from the Requestor in the file. A "No Provider 14 Day Response Found" from the Requestor is reflected in Exhibit I.
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. Based on Commission Rule 133.307 (g) (4), the Division notified the Requestor with a copy to the insurance carrier Austin Representative of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 07/11/02. The Requestor did not submit additional information. There is no Carrier 14 day response to this medical fee dispute in the file.
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 03/26/02

“We received payment for a 2 hour FCE (\$200.00), although a full FCE was authorized by (Carrier), and a 4 hour FCE was performed. The explanation was that a part of the FCE was duplicated in the impairment rating measurements, which were also performed in our office. However the only duplication is knee ROM measurement which takes about 2 or 3 minutes. My office has not been paid for the full service rendered which in this case was a 4 hour FCE. I am requesting a full payment of \$400.00 minus the \$200.00 already received, since the adjustor authorized it to us by phone. I would like to be paid the remaining \$200.00 for the complete FCE rendered plus interest.”

2. Respondent: No response statement.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 07/12/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor’s Table of Disputed Services, the Requestor billed the Carrier \$500.00 for services rendered on the above date in dispute.
4. Per the Requestor’s Table of Disputed Services, the Carrier paid the Requestor \$200.00 for services rendered on the above date in dispute.
5. Per the Requestor’s Table of Disputed Services, the amount in dispute is \$200.00 for services rendered on the above date in dispute.
6. The Carrier’s EOB(s) deny additional reimbursement as, “F – N, U A PORTION OF THIS FCE IS ELIGIBLE FOR REIMBURSEMENT. THE REMAINING PORTIONS WERE DUPLICATED IN THE MMI/IR REIMBURSEMENT.”
7. There is no medical documentation in the file to support that services were rendered as billed.
8. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
07/12/01	97750 FC	\$500.00	\$200.00	F N U	\$100.00/ hr	TWCC Rule 133.307 (g); MFG; CPT Descriptor	The Requestor did not respond to TWCC's request for additional information sent 07/11/02; therefore, there is no medical documentation in the file to support that services were rendered as billed. No additional reimbursement is recommended.
Totals		\$500.00	\$200.00				The Requestor is not entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 20th day of November 2002.

Denise Terry
 Medical Dispute Resolution Officer
 Medical Review Division

DT/dt